PIP item 3A.2 OOHC Redesign

3A.2.3: Provide training to field staff as necessary on revisions to service provision process.

A new specialized services agreement was developed by DCBS to provide specialize care to our children who meet the criteria. The goal of this agreement is to provide high intensity services in order to stabilize and maintain these children in one placement, while keeping them safe, meeting their needs and improving their chances for permanency.

The Cabinet currently has a placement process for those children entering OOHC. The specialized services are offered if the Children's Review Program (CRP) and designated CO staff determine that the child meets the pre-established criteria. A conference call is scheduled among the worker, worker's FSOS, OOHC specialist, CRP staff and CO staff. During the call, the child's needs are discussed as well as the specialized services program's ability to meet the child's needs. The worker has the opportunity to ask questions about the program. Expectations for both the worker and the specialized services program are presented.

All of regional management has been trained on how the program works. Part 2, is a copy of the power point that is provided to every worker who is given the opportunity to place a child in the program.

Cabinet for Health and Family Services
Department for Community Based Services

Specialized Services for High Intensity Youth

August 18, 2011

Background

- In 2008, the Cabinet began a redesign of the out-of-home care (OOHC) system geared toward improving outcomes for children in the Cabinet's custody.
- During the redesign, research revealed that approximately one percent (1%) of children in OOHC fit into the category described as children needing high intensity services.
- These children are often difficult to place due to their aggressive behavior, sexual acting out behavior, and level of functioning.
- In calendar year 2009, there were one hundred seventy-three (173) children identified as needing high intensity services.
- Of these children, seventy-five percent (75%) had more than five (5) placement moves during the current episode of care, and all of the children had at least one (1) psychiatric hospital stay.
- In addition, termination of parental rights had been finalized for fifty percent (50%) of the identified group.

High Intensity Defined

Children eleven (11) years of age and older who have a mental health diagnosis(es) diagnosed by a qualified mental health professional using the current edition of the Diagnostic and Statistical Manual of The American Psychiatric Association; **and**

A. Are currently exhibiting active symptoms that have persisted for more than one (1) year; **or,**

B. Exhibit on a frequent basis behavior that presents an imminent risk of harm to self or others to include, but is not limited to, physical assaults requiring medical attention, self-harm that is life-threatening or results in serious physical harm, sexual behaviors that pose a threat to others, or extensive property damage; **and,**

C. Have experiences at least one (1) of the following:

- More than five (5) placement moves in the last year;
- More than four (4) placement moves in the last three months;
- More than four (4) psychiatric hospitalizations since coming into DCBS custody; **or**
- A unique combination of care needs as evaluated by the gatekeeper which require high intensity services.

Application for Services

- On October 25, 2010, the Cabinet sent an Application for Services to all private child-caring facilities and private child-placing agencies in the state seeking qualified providers who would be able to meet the complex needs of children who have a need for high intensity services.
- In December 2010, the Cabinet received thirteen applications from nine different providers.
- Out of the thirteen applications, the Cabinet chose to pursue services from four of the applicants.
- In March, after notifying the applicants, Cabinet staff began meeting with selected providers to negotiate the process for implementation with one program to begin implementation on July 1, 2011.
- The goal of this initiative is to maintain children meeting the selection criteria with one (1) provider while keeping them safe, enhancing their wellbeing, and moving them along a pathway to permanency.

Key requirements in the Application for Services

- Programs in a variety of geographical areas to serve the targeted population that can provide proof of concept for required services with the goal of increased placement stability.
- Programs willing and able to work under a no reject/eject clause.
- Clearly delineated acceptance criteria that will determine which children (from the population described above) are appropriate for their specific programming.
- Programs will not reject or eject any child that meets the Agency's acceptance criteria.
- In the event of a crisis, the program will make every effort to maintain the child in their program.
- If a child presents in acute psychiatric crisis and is a danger to self and/or others requiring acute inpatient psychiatric hospitalization, the program will re-admit the child to their program following hospitalization.
- Programs that will re-admit the child in the event of an AWOL as well as take measures to prevent future AWOLs.

Program Specific Information

- Maryhurst in Louisville, Kentucky was chosen for July 1, 2011 implementation.
- Maryhurst will have three cottages dedicated to our high intensity youth.
- Each of the three cottages has separate admission criteria, disruption criteria, and exclusion criteria.
- Each of the three cottages has a capacity of 12.

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Child Specific Services and Accommodations

- Increased staffing ratios on all shifts
- Increased frequency and intensity of issue specific mental health services
- Program manager supervisor or treatment coordinator offices housed within cottage
- Two smaller groups running concurrently for daily programming
- Engagement of an Intervention Team, including a Behavior Analyst, for the purposes of preventing crises in all three cottages before they arise who will remove the child from the regular milieu, stabilize the child and then return her to the regular milieu
- Additional teaching aids in the classrooms who are part of the educational staff
- Structural changes to the school to accommodate the needs of the children, including rooms for de-escalation outside of the regular milieu
- Direct care staff (refered to as a mentor) assigned to each child will check in with the child daily and also contact the family weekly
- A treatment coordinator will have contact with the DCBS on-going worker weekly to provide updates and discuss the child's progress in treatment.

Child Specific Services and Accommodations continued

- Increased number of staff trained as agency trainers in the Risking Connection curriculum
- Increased number of staff certified as SCM trainers and Seven Challenges leaders
- One staff in each of the cottages will be designated to facilitate/coordinate community service resources
- Phase advancements focused on individual treatment goal achievement
- Specialized training related to children with sexual behavior problems mandatory for staff in specific cottages
- Treatment coordinators will coordinate the psychiatric hospitalization assessment **and** will participate in the hospitalization process
- Clinical manager position, LMFT, has been added to the management structure to assist Treatment Teams with family engagement services
- Utilization of the GAIN-I Assessment tool for cases that need further assessment with additional therapists trained to conduct these assessments
- Utilization of a pool of Master's level staff to conduct pre-placement interviews
- Changing the utilization of the psychiatrist to a Treatment Team model that includes the Treatment Team and child present with psychiatrist

P&P workers and Effective Collaboration

- Attend admission
- Review program description (detailed outline is available through central office)
- Provide access to all pertinent documentation
- Actively participate in client's treatment
- Serve as conduit between agency and family

For additional information, questions or concerns please contact:
Michael Cheek, Lea Sallengs or Julie Cubert (502)564-6852

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